



School: _____ Coordinator: _____

Student Information

Name: _____ Student ID: _____
Address: _____ Home Language: _____
Grade: _____ Homeroom Teacher: _____ Date of Birth: _____
Student cell phone number: _____ Student e-mail address: _____

Sport/Club/Activity/Seminar Information

Sports/Clubs/Activities/Seminars

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Contact Information

Parent/Guardian Name: _____ Cell Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____
Emergency Contact Name: _____ Cell Phone: _____ Work Phone: _____
Home Phone: _____ Email: _____

Release Information

I agree to the following terms:

I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

Parent/Guardian Signature: _____ Date: _____



Office of Out-of-School Time

1200 First Street, NE 8th Floor

Washington, DC 20002

202-442-5002

OutofSchoolTime@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2010-2011 school year.

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School